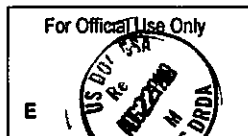


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 12438	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Troy L Brown P O Box Bldg Room No if any Street 1113 Flomich Street City Holly Hill State Florida ZIP Code + 4 32117 1537	4 Name file number and address of labor organization Name UA Plumbers & Pipefitters Local Union 295 Labor Organization File Number 039 008 P O Box Building and Room Number if any Street 743 North Beach Street City Daytona Beach State Florida ZIP Code + 4 32114 2279
5 Position in labor organization Finance Committee Member	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount \$0

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>Troy Brown</u>	On <u>07/07/2005</u> Date	<u>386 673 3509</u> Telephone Number

Name of Person Filing Troy Brown	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Joint Apprentice Education Fund Trade Name if any P O Box Bldg Room No if any Street 743 North Beach Street City Daytona Beach State Florida ZIP Code + 4 32114 2279	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing Leases an employee from UA Plumbers & Pipefitters Local Union 295 11 b Approximate dollar value of such dealing \$34 000 12 a Nature of interest held or income received Apprentice graduation dinner provide by Joint Apprentice Education Fund 12 b Amount \$10

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment. 14 b Amount of payment. \$0
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing Troy Brown	File Number U
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a **business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 12 b Amount <input type="text"/> \$0